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CHAPTER 8

# ‘Slim-to-Win’-to-Injury: How Swimmers’ are Engaging with ‘Health Risk’ Culture due to Entrenched Body Ideals

Jenny McMahon[1] and Kerry. R. McGannon[2]

University of Tasmania[1] and Laurentian University[2]

https://orcid.org/0000-0002-1079-8939[1] and https://orcid.org/0000-0002-8614-697X[2]

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**Abstract**

Culturally accepted bodies within elite sporting cultures point to entrenched ‘slim-to-win’ ideologies. Consequently, sporting insiders (e.g., coaches, team managers, athletes) perceive ‘slim’ and ‘fatless’ body shapes as a necessary means in order to achieve competitive performance. As such, body practices centring on a ‘slim-to-win’ ideology are practised through publicly conducted daily weigh-ins, regular skin fold tests, surveillance of athletes’ body shape and eating. As a means of attaining the ideal and culturally accepted shape, athletes’ health and wellbeing is being compromised within the context of the slim-to-win ideology. Indeed, many athletes are becoming injured as they attempt to conform their bodies to a shape which is perceived to enhance competitive performance Within the present chapter, the focus is on the ways in which one sporting culture [swimming] has taken up the ‘slim-to-win’ ideology and how in response, athletes have come to engage with health risk culture (e.g., overdosing on laxative medication; taking illicit substances such as methamphetamines; throwing up after meals; risky medical intervention, overuse injuries). The ways in which long term health and wellbeing of athletes is comprised in relation to these practices, in the name of competitive performance, is also of interest.

## Introduction

'Slim-to-win' is an entrenched ideology in swimming culture based on meritocratic ideas whereby the 'slim' and 'fatless' body shape is perceived to enhance competitive performance (Jones, Glintmeyer & McKenzie, 2005; Lang, 2010; McGannon & McMahon, 2019; McMahon & Dinan Thompson, 2008; McMahon, Penney & Dinan Thompson, 2012). Similar to other sporting cultures such as running and gymnastics, 'slim-to-win' within swimming is part of a wider cultural discourse within sport that aligns 'thin body ideals' for both male and female athletes, with certain practices to achieve such ideals (e.g., daily weigh-ins, skin folds, disordered eating, body surveillance, food monitoring, over-exercising, overuse injuries) (Busanich, McGannon & Schinke, 2014; Busanich, McGannon & Schinke, 2016; Cavallerio, Wadey & Wagsaff, 2016; McGannon & McMahon, 2019; Papathomas & Lavallee, 2014). The 'slim-to-win' ideology has been found to be uncritically recycled by coaches, swimmers, support staff and parents in swimming culture. We refer to the recycling of this dominant ideology as uncritical and problematic because swimming is indeed a sport where there is no demonstrated benefit linked to thinness from a performance perspective (McMahon et al., 2012). For instance, Maglischo (1993) found no relationship between body shape and drag measured during actual swimming and established that even the most lean and tapered swimmers cannot remain streamlined enough to eliminate turbulence. Similarly, Pyne (2007) explained that while some studies in different sports associate better performance with lower skin folds and a slim body shape, there is no such supporting evidence in the sport of swimming, which is surprising given the emphasis on weight and shape by every coach. Despite these findings, the belief that the slimmer or leaner a swimmer becomes, the better s/he will perform remains a taken for granted notion and continues to saturate swimming culture (McMahon et al., 2012; McMahon, McGannon & Zehntner, 2017). However, Howe (2004) warns that when competitive performance is at the forefront of cultural ideologies, practices and expectations (as is occurring in swimming with 'slim-to-win'), engaging with

*risk culture* will potentially take a paramount role within an athlete's individual sporting habitus.

Within the present chapter, we aim to explore how the 'slim-to-win' ideology has influenced athletes and cultural insiders to engage with 'risk culture' resulting in subsequent sports injury. Moreover, we are also interested in identifying the types of risks taken and by whom within a sporting context (i.e., swimming). This is accomplished by first outlining what 'risk culture' is and how it can potentially lead to sports injury and also why it occurs in sporting contexts. Two athletes' stories from previous research investigating amateur and elite swimming in Australia are also presented in order to identify how and why athletes' health and wellbeing is being compromised and by whom. By doing this, we hope we address what Cavallerio et al., (2016) says is lacking in sport psychology and injury research, namely, the identification of, if and how, sport is potentially "damaging athletes' health" (p. 100).

## Critical Reflections

A number of researchers in sport injury psychology have called for sport injury researchers to explore the socio-cultural context within which injury occurs (e.g., Wadey, Day, Cavallerio & Martinelli, 2019; Wiese-Bjornstal, 2010; Wiese-Bjornstal, Smith, Shaffer & Morrey, 1998). As Wadey et al., (2019) explains, when we consider injury through the socio-cultural lens, it may inherently "help to provide a more critical, nuanced, and holistic understanding of sport injury" (p. 3). One related area of interest to explore in this regard is 'risk' culture, which has been shown to be prevalent in every level of sport (Howe, 2004; Safari & Malcolm, 2016). Socio-cultural sport research has shown that risk culture occurs when athletes and cultural insiders (e.g., coaches, physiologists, parents – see chapters 5, 6, 7) are willing to take and indeed accept risks that may compromise athletes' health and wellbeing in the name of competitive performance (e.g., Howe, 2004; McEwan & Young, 2011; Nixon, 1992). Engaging with risk culture is serious because it can lead to injury by affecting athletes' mental and physical health in the short term (i.e., during sport participation)

and in the long term (i.e., post sport). Donnelly (2004) explains that in order to understand more about why 'risk culture' is engaged with so readily in sport contexts, emphasis needs to be placed on identifying the influences on the decisions to take risks, and the types of risks taken. Once more is understood about why the 'culture of risk' is taken up in specific sporting contexts, athletes and sporting insiders can be better supported through the formulation of specific interventions. Such identification may further assist in preventing subsequent injury (e.g., physical and mental) from occurring (Donnelly, 2004; Howe, 2004).

Previous research (e.g., McGannon & McMahon, 2019; McMahon et al., 2012; McMahon et al., 2017) has highlighted the powerful ways in which the 'slim-to-win' ideology and associated practices can operate within Australian swimming culture, and how the ideology is disseminated and engaged with by coaches, team managers, athletes and other cultural insiders (e.g., parents). An example of how 'slim-to-win' operated within Australian swimming culture was made know by Leisel Jones, a four-time Olympian who explained within her published autobiography that swimming coaches would publicly weigh swimmers. For those female swimmers who did not make or maintain weight, they would be labelled as fat and with the code number, 6:1:20 representing the order of f.a.t letters in the alphabet (Zaccardi, 2015). Jones explained that if she put on weight at daily weigh-ins, she would be publicly ridiculed by coaches because her body failed to meet their expectations (Geary, 2015). Coaches also played a role in attempting to mould Jones' body to a 'slim-to-win' shape for performance as they actively encouraged her to skip meals and consume only meal replacement shakes when it failed to achieve the desired 'slim' shape (McGannon & McMahon, 2019; Zaccardi, 2015). Jones was not the only one affected, as she noted that other female swimmers would sob in the shower after they were weighed, weighed and weighed again by men as old as her father who would constantly pass judgement (Zaccardi, 2015). The 'slim-to-win' requirements were made clear to the Australian swimmers, in order to achieve performance, they needed to have a 'slim' and 'fatless' body shape. Those swimmers who

failed to achieve the ‘slim-to-win’ shape were punished through disparaging comments (made publicly by coaches), excessive running (i.e., 16 km) leading in some cases to overuse injuries, social isolation and food restriction in some case leading to mental health issues (Cavallerio et al., 2016; McGannon & McMahon, 2019; McMahon, 2012; McMahon et al., 2012; McMahon et al., 2017). However, as previous researchers investigating the ‘culture of risk’ in sport (e.g., Howe, 2004; McEwan & Young, 2011; Safari & Malcolm, 2016) warn, when performance is central to cultural ideologies within sport (as is occurring with the ‘slim-to-win’ ideology), the engagement of ‘risk culture’ and associated practices that may harm the body and self may result. This point highlights the nexus between cultural ideologies such as slim-to-win, the nuanced relationship between body-self and injury.

To illustrate these points further, we draw on the voice of Julie who is a national representative swimmer but is yet to win medals on the world stage. Her experiences were presented as part of a previous research study investigating body pedagogies in Australian swimming culture (see McMahon, 2010; McMahon et al., 2012). In an attempt to conform her body to a slim and fatless shape, Julie tried dieting, overdosing on laxative medication and visiting a dietician. Despite trying these approaches, her swimmer body still did not measure up to her coach’s expectations. Having internalized these expectations, and in an act of desperation to achieve competitive performance and conform her body to a ‘slim-to-win’ shape, Julie decided to take methamphetamines (i.e., speed). This was a prohibited substance in her sport, which in turn led to the demise of her health and an injury (e.g., elevated heart rate, chronic fatigue syndrome). Mental health issues (e.g., anxiety, disordered eating and exercise) also resulted:

> *A friend of mine from school told me that she used methamphetamines to lose weight and had great success. She lost 20 kilograms in just three months! I am desperate to represent my country in my sport and my coach is constantly taunting me about how much fat I have. I am tired of him yelling at me. I am tired of him making me run 10*

*kilometres after training each night. I am tired of him weighing me publicly and announcing that I am a loser when I don't achieve the right weight number. I am tired of him telling other parents and swimmers (in front of me) how fat I am. If I don't lose weight, I won't get to represent my country. I have been dieting for ages and it is not enough. I know speed is a prohibited substance. I know that if I get caught taking it, I will be banned, but I am desperate. I research the effects of the drug, but it does not deter me, even though I could potentially have a heart attack. I only will take it for a few months until I get the 'slim-to-win' body shape that will bring me Olympic glory. I contact a friend who I know 'deals.' It is not long after that before I have purchased my ever speed. I feel a sense of fulfilment knowing that speed is going to help me stop eating and achieve that ideal body shape that I so desperately seek and that I know will bring me success (McMahon, 2010).*

The above example shows how Julie internalized the ideology and associated risky practices of 'slim-to-win' by way of deciding to take a banned substance to manage and control her weight. According to Howe (2004), while engaging with risk culture involves the active decision making of athletes, the practices are the result of risk culture being ingrained within sport and sporting practices by cultural insiders. In the above example, when the punishment enforced by coaches (e.g., running 10 km) and other self-control measures (e.g., seeking advice from a dietician, eating healthy) did not work for Julie, engaging with 'risk culture' seemed like the next feasible option in order to achieve 'slim-to-win.' Julie actively decided to take methamphetamine due to 'slim-to-win' and performance being at the forefront of her thinking. She engaged with risky [self] practices, which could be read as a form of self-injury, which potentially allowed her to reshape her body in terms of a 'slim-to-win' body shape, in order to exhibit so-called visual indicators of performance demanded by coaches, team managers and physiologists (Glassner 1990; McEwan & Young, 2011). Consequently, through the consumption of methamphetamines, her health became secondary to the 'slim-to-

win' look of her 'outer body' resulting in a short-circuiting of the polarity between 'looking' and 'being' healthy (McEwan & Young, 2011; Monoghan, 2001) leading to injury, abuse of her physical body and mental health issues.

Howe (2004) explains how engaging with health risk culture may be further viewed as a dome that entraps health and positive encounters with the body. The potentially health-damaging practice of 'drug taking' for the purpose of 'slim-to-win' blurred dualities for Julie (e.g., inner and outer body, mortality and immortality) (Monoghan, 2001). In essence then, risk consisted of Julie consciously knowing that she may suffer health side effects (e.g., heart attack, injury) but going ahead and consuming methamphetamine in spite of that knowledge. Indeed, risking her health through this form of self-injury (i.e., using an illicit and dangerous drug) became an integral and normalised component of her sporting world. Monaghan (2001) warns however, that there may be conflicting views and opinions centring on what constitutes 'risk' from those involved in sport and the general public. For example, risks which appear unacceptable to those outside of sporting cultures may not be viewed as risks to those involved in sport (as shown in Julie' story). For Julie, the quest for acquiring the ideal and performing body was taken for granted and entrenched within swimming culture, thus she viewed taking methamphetamines a necessary and normal means to attain such a body and performance (Monoghan, 2001).

Julie's story also exemplifies how she had agency/choice in the decision to take methamphetamines, and that she was not simply a passive recipient of risk culture. Julie's story partly shows that she was empowered in knowing that taking methamphetamines would help her to achieve the ideal swimmer body that was perceived to enhance competitive performance (e.g., "*I feel a sense of fulfilment knowing that speed is going to help me stop eating and achieve that ideal body shape").* Within her story, Julie also noted that she felt a sense of fulfilment because at the level of cultural significance, the slim and fatless body shape had popular currency and social capital as symbolic modes for transmitting values such

as hard work, fitness, performance and commitment (Bordo, 1993; McGannon & McMahon, 2019; McMahon, 2010; McMahon et al., 2012).

Others involved in sport have also been found to compromise swimmers' health and wellbeing, normalizing forms of 'self-injury' as a result of the 'slim-to-win' ideology and practices. Recent research (McMahon & McGannon, 2018) has shown that through acts of desperation, swimmers sought the assistance of medical doctors as a result of viewing their bodies as a problem which could be fixed through medical transformation (Theberge, 2007). Similar to the sporting context, the medical science context has been shown to view the sporting body as a machine (Theberge, 2007) which has resulted in medical risks being taken in order to assist athletes to achieve performance outcomes, regardless of the cost to athlete health (i.e., self-injury, physical injury) and well-being (McMahon & McGannon, 2018; Monaghan, 2001; Paraschak, 2012; Theberge, 2007). Theberge (2007) conducted an investigation in sports medicine and the culture of risk among doctors, physiotherapists and administrators in elite Canadian sport and found that performance concerns were at the epicentre of medical practice. Due to performance being at the forefront of doctors' thinking, the boundaries between human performance and medical practice became obscured with many doctors erring on the side of performance rather than considering athletes' long-term health, a point further outlined in chapter 5 of this book (de la Pena, 2003; Magdalinski, 2009; McNamee, 2014; Scott, 2012). This finding highlights how medical practitioners are engaging with the culture of risk as a result of performance pressures placed on athletes, and also reproducing risk culture practices and norms (Theberge, 2007). Below we draw on Jasmine's experience to exemplify these points. Jasmine is a former national representative swimmer, having competed at numerous International meets. Although she has won numerous International medals, she has missed qualifying standards for the last two national teams. In turn, coaches blame her weight and body shape for her failure to perform. In the story below,

Jasmine sought the assistance of a sport's medicine doctor in an attempt to conform her body to a 'slim-to-win' shape after her own measures failed to work.

*I am desperate to lose weight. The next Olympics is everything that I think about. There is one thing standing in my way from achieving that dream. It is my fat body! Not only has my coach told me that I am too fat and that is why my performance has dropped off, but I also notice that I do not look like other swimmers' bodies who are doing well (e.g., no boobs, no bum, no hips, no fat). Visits to the dietician have not worked so I book an appointment with the sports medicine doctor to see if there is something medically preventing me from losing weight.*

*Sports doctor: "Hi, what can I help you with today?"*

*Jasmine: "I am a swimmer and I am in training for the Olympics. I am having trouble losing weight. My coach says that I need to lose weight if I am going to have any chance of making the next Olympic team. I have been visiting a dietician for ages and have hardly lost any weight. According to my coach, I have not done enough, and I am beyond desperate. I am hoping you can help me."*

*Sports doctor: "Can you jump on the scales for me?"*

*Anxiety overcomes me. Why does he need to weigh me? I already get weighed by so many people and my weight number never meets their expectations.*

*Sports doctor: "75.3 kilograms. You can take a seat again for me. Do you have any other medical conditions or allergies? Are you taking any other medications?"*

*I tell him that I do not take any medication and that I have never had an allergy. He pauses momentarily.*

*Sports doctor: "Ok, I am going to prescribe you some thyroxine. Thyroxine is a medication which alters your thyroid function. I realise your blood work says*

*your thyroid function is normal, but an overactive thyroid function can assist in weight loss. Take the tablets and it will speed things up for you. You will need to take one tablet morning and night. You may experience headaches, diarrhoea, vomiting and tremors. Come back and see me in two weeks and we will see how you are going and get you to jump onto the scales again."*

*The consultation takes about 10 minutes. As I walk out of the doctor's surgery, I feel content. Just like that, the sports doctor has helped me to find the answer. Now, I will lose weight and now I will make the Olympic team (McMahon and McGannon, 2018).*

Jasmine sought the assistance of the sports medicine doctor by subscribing to and embodying the 'slim-to-win' ideology. Subsequently, she viewed her body as a problem which should be fixed through medical transformation (Theberge, 2007), rendering her bodily appearance closer to the culturally accepted and perpetuated ideal (e.g. no fat, no bum, slim) (McMahon & Barker-Ruchti, 2017; McMahon & McGannon, 2018). The pressure and desperation that Jasmine felt to conform her body to a 'slim-to-win' shape was shown in her conversation with the doctor when she noted, "*I am beyond desperate, and I am hoping you can help me*." The conversation also exemplifies how Jasmine understood her body through the 'slim-to-win' discourse, and as a result of power relations (e.g., pressures placed on her by coach, doctor as a facilitator of attaining a slim body) which were reproduced through body management practices (Markula & Pringle, 2006).

Jasmine's story further shows how the sports medicine doctor accepted the 'slim-to-win' ideology without question, and in so doing, became an accomplice to the normalisation of the ideology and the proliferation of the same (McMahon & McGannon, 2018). As a consequence of the 'slim-to-win' ideology, the sports medical doctor imposed a medical regimen onto Jasmine (e.g., prescribed thyroxin even though she had a healthy thyroid function) as a way of assisting her to achieve the culturally ideal shape (McMahon & McGannon, 2018). Jasmine's story exemplifies the power and pervasiveness of the 'slim-to-

win' ideology and shows how it can be extended to another site outside of sport, that of medical practice (McMahon & Barker-Ruchti, 2017; McMahon & McGannon, 2018). Howe (2004) warns that the danger of engaging with a 'culture of risk' as occurred when Jasmine's doctor altered her healthy thyroid function, is that it will become a 'fog' that leads to the acceptance and normalisation of health risk practices and potential forms of self-injury (i.e., taking unnecessary medication) which may be viewed as necessary in order to achieve competitively.

This medical transaction also highlighted how both Jasmine and her doctor subscribed to the importance of medical treatment (Lupton, 2012) in the name of 'slim-to-win'. However, the sports medicine doctor created additional pressures for Jasmine through his uncritical acceptance of 'slim-to-win' and his prescribed treatment as he too categorised her body as falling outside the 'norm' in terms of shape and weight (McMahon & McGannon, 2018). By viewing Jasmine's body as falling outside the 'norm', the doctor targeted her with a medical intervention. In so doing, Jasmine's body was viewed as a site for treatment and repair and a site for power and control (McMahon & McGannon, 2017; Rich & Evans, 2007). This power was shown when Jasmine did not question the doctor's medical regime/treatment plan and obligingly took the thyroxine even though it would cause her thyroid function to become altered with serious side effects (e.g., tremors). However, as Lupton (2012) explains, the athlete and doctor relationship is not entirely one sided but rather dynamic, negotiated and renegotiated by athletes. Jasmine's story exemplifies these points as she approached the sports medicine doctor as a knowledgeable colleague rather than a superior (Lupton, 2012) that could assist her to achieve her means (e.g., slim-to-win shape). Indeed, after leaving the medical consultation, Jasmine felt empowered by the help of her doctor and in knowing that she could finally conform her body highlighting that she had agency in the medical transaction (e.g., "*As I walk out of the doctor's surgery, I feel content. Just like that, the sports doctor has helped me to find the answer")*.

## Future Research Implications

In this chapter, we have outlined how the dominant ideology of 'slim-to-win' found to saturate the sport context of swimming has led to athletes and other cultural insiders (e.g., coaches, managers, other athletes) to compromise their health through forms of self-injury (i.e., taking medications) which puts their bodies at risk for physical injury, mental health issues. In the following section, suggestions are made in the spirit of sparking research that continues in the qualitative tradition of critical insights into sport injury psychology (see chapter 14). Previous research into the 'culture of risk' in sport (e.g., Howe, 2004: McEwan & Young, 2011; Safari & Malcolm, 2016) has shown that the social networks which surround elite sporting performers can positively impact whether an individual becomes entrapped within a health risk culture which can lead to potential forms of injury. Given the potential for support networks to assist athletes to critically examine dominant ideologies such as 'slim-to-win' before engaging with risk culture and becoming injured, more research is needed in this regard, particularly in relation identifying interventions. We thus propose the following research question for future work; (1) *What education interventions might better assist athletes and their support networks to better consider their health and wellbeing over performance and dominant cultural ideologies such as 'slim-to-win'?*

Implementing education interventions with athletes and their support networks is one important avenue that may prevent the 'culture of risk' from being taken up (see Chapter 15) and forms of injury from occurring. For example, Mountjoy et al. (2016) has highlighted the importance of education interventions to assist those involved in sport to identify normalised forms of abuse. Similarly, Nelson, Groom and Potrac (2016) as well as McMahon and Smith (2016) also highlighted the importance of education interventions to assist with the uncritical recycling of coaching practices by coaches. Specifically, narrative pedagogy has been identified as a contemporary theory of learning, education and social interaction that can be utilised as an education intervention in sport. Goodson and Gill (2011) were influential in the

development of narrative pedagogy with their thinking and theorising about it stemming from the idea that narratives (e.g., conversations, text based stories, oral stories) are a successful way for people to make sense of their lives, thus becoming a process of learning and transformation (Goodson & Gill, 2011; McMahon, Knight & McGannon, 2018; McMahon & Smith, 2016). As a result of extensive research, Goodson and Gill (2011) found that by engaging with narratives (i.e., reading a person's story of experience) and then swapping the narrative/s with another (i.e., exchanging stories about the story), pedagogic encounters (i.e., learning opportunities) arose. Indeed, the potential of narrative pedagogy was realised as those who practised narrative pedagogy were able to move towards a deeper understanding of the topic being explored (McMahon et al., 2018) with the possibility of social action being initiated (Goodson & Gill, 2011; McMahon & Smith, 2016).

## Conclusion

Within this chapter, we have outlined how the uncritical acceptance of 'slim-to-win' by not only cultural insiders but also other sport professionals (e.g., sports medicine doctors) has led to the engagement with [health] risk practices (e.g., methamphetamine use, prescribing thyroxin to alter a healthy thyroid function). These risk practices point to sport as a problematic environment which circulates limited meanings about the body through the engagement with these health risk behaviours. For those involved in sport in this research (i.e., Julie, Jasmine, coaches, sports medicine doctor), engaging with risk culture was seen as an integral, and even necessary component of the sporting world which would assist them to achieve 'slim-to-win.' The 'look' of the outer body was so central for the athletes that they were willing to accept adverse effects to health (e.g., heart attack, headaches, diarrhoea, vomiting and tremors) in order to improve the appearance of the body (into a 'slim-to-win' shape). Ironically, those athletes who were desperate to achieve the ideal look of the outer body (slim-to-win) and perceived performance enhancement, engaged with risky health

practices (e.g., methamphetamine use) compromising their health and physical wellbeing through forms of self-inflicted injury.

**Critical Discussion Questions (3)**

1. What types of education interventions might assist athletes and cultural insiders to critically examine ideologies such as ‘slim-to-win’ and associated practices that lead to injury, in order to prevent forms of injury from occurring?
2. How can narrative pedagogy assist athletes and cultural insiders to understand – and potentially transform -- the culture of health risk and sports injury through telling new and different stories about athletes, bodies and performance?
3. How can we better support cultural insiders in sport to more critically examine and consider athlete health and wellbeing, in order to prevent forms of self-injury (e.g., taking illicit medications, starvation, over-exercising)?

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